In re	Jackie	L. Burrows	According to the calculations required by this statement:
		Debtor(s)	■ The applicable commitment period is 3 years.
Case Nu	mber:	14-21398	☐ The applicable commitment period is 5 years.
		(If known)	☐ Disposable income is determined under § 1325(b)(3).
			■ Disposable income is not determined under § 1325(b)(3).
			(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

		Par	t I.	REPORT OF INC	CON	1E				
	Mari	tal/filing status. Check the box that applies a	nd c	complete the balance	e of	this part of this state	men	t as directed.		
1	a. 🗆	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.								
	b. ■	b. Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.								
		gures must reflect average monthly income re-						Column A		Column B
		dar months prior to filing the bankruptcy case						Debtor's		Spouse's
		ling. If the amount of monthly income varied north total by six, and enter the result on the a			, you	i must divide the		Income		Income
2	Gross wages, salary, tips, bonuses, overtime, commissions.					\$	0.00	Ф	0.00	
	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and					1.6 1. 1	Ф	0.00	Ф	0.00
		the difference in the appropriate column(s) of								
		ssion or farm, enter aggregate numbers and pr								
		per less than zero. Do not include any part of								
3	a ded	luction in Part IV.				1				
			Ф	Debtor	Ф	Spouse				
	a. b.	Gross receipts Ordinary and necessary business expenses	\$	0.00 0.00		0.00				
	c.	Business income		btract Line b from			\$	0.00	\$	0.00
		s and other real property income. Subtract l					Ψ	0.00	Ψ	0.00
		oppropriate column(s) of Line 4. Do not enter a								
		of the operating expenses entered on Line b								
4				Debtor		Spouse				
	a.	Gross receipts	\$	0.00		0.00				
	b.	Ordinary and necessary operating expenses	\$	0.00		0.00		2.22	Φ.	2.22
	c.	Rent and other real property income	Si	ibtract Line b from	Lın	e a	\$	0.00	\$	0.00
5	Inter	est, dividends, and royalties.					\$	0.00	\$	0.00
6	Pensi	ion and retirement income.					\$	0.00	\$	0.00
		amounts paid by another person or entity, o								
7		nses of the debtor or the debtor's dependent								
,	purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is									
		in Column A, do not report that payment in C			umm	, ii a payment is	\$	0.00	\$	0.00
	Unen	nployment compensation. Enter the amount i	n th	e appropriate colui	nn(s) of Line 8.				
		ever, if you contend that unemployment comp								
8		fit under the Social Security Act, do not list the		nount of such comp	ens	ation in Column A				
		but instead state the amount in the space belo	w:							
		mployment compensation claimed to benefit under the Social Security Act Debtor	- \$	0.00 Sp	OHSE	\$ 0.00	\$	0.00	d.	0.00
	be a	benefit under the Social Security Act	Ψ	5.00 Sp	Jabe	Ψ 0.00	2	0.00	\$	0.00

9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.		
	Debtor Spouse		
	b. \$ \$33.03 \$ \$ 535.0	65 \$	0.00
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s). 535.6	65 \$	0.00
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.		535.65
	Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD		
12	Enter the amount from Line 11	\$	535.65
13	Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. a.	¢.	0.00
1.4		\$	0.00
14	Subtract Line 13 from Line 12 and enter the result.	\$	535.65
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.	\$	6,427.80
16	Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		
	a. Enter debtor's state of residence: UT b. Enter debtor's household size: 2	\$	57,734.00
17	 Application of § 1325(b)(4). Check the applicable box and proceed as directed. ■ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment put top of page 1 of this statement and continue with this statement. □ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitme at the top of page 1 of this statement and continue with this statement. 		
	Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME		
18	Enter the amount from Line 11.	\$	535.65
19	Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income(such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. a.		
	Total and enter on Line 19.	\$	0.00
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$	535.65

21		lized current monthly inc ne result.	come for § 1325(b)(3). N	Aultip	oly the amount from Line	20 by the number 12 and	\$	6,427.80
22	Applic	able median family incom	ne. Enter the amount from	m Lin	e 16.		\$	57,734.00
23	☐ The 132 ■ The	25(b)(3)" at the top of page amount on Line 21 is not	ore than the amount on 1 of this statement and of the than the amount	Line compi	22. Check the box for "D lete the remaining parts of time 22. Check the box for	Disposable income is determ f this statement. or "Disposable income is no ment. Do not complete Par	t detern	nined under §
	I	Part IV. Ca	ALCULATION ()F I	DEDUCTIONS FR	OM INCOME		
		Subpart A: D	eductions under Star	ıdar	ds of the Internal Rev	enue Service (IRS)		
National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemption on your federal income tax return, plus the number of any additional dependents whom you support.						g Expenses for the com the clerk of the be allowed as exemptions	\$	
24B	Out-of- Out-of- www.u who are older. (be allow you sup Line cl	al Standards: health care Pocket Health Care for per Pocket Health Care for per sdoj.gov/ust/ or from the c e under 65 years of age, an The applicable number of wed as exemptions on your poort.) Multiply Line a1 by Multiply Line a2 by Line d Lines c1 and c2 to obtain	rsons under 65 years of a rsons 65 years of age or lerk of the bankruptcy of d enter in Line b2 the ap persons in each age cate r federal income tax retu d Line b1 to obtain a total e b2 to obtain a total amo	age, a older ourt.) oplica gory i rn, pl dl amo ount f	nd in Line a2 the IRS Nat. (This information is available Enter in Line b1 the application in Line b1 the application of persons which the number in that category is the number of any additional for persons under 65, or persons 65 and older, a	ional Standards for lable at icable number of persons o are 65 years of age or gory that would currently tional dependents whom and enter the result in und enter the result in Line		
	Persons under 65 years of age			Pers	ons 65 years of age or ol			
	a1.	Allowance per person		a2.	Allowance per person			
	b1.	Number of persons		b2.	Number of persons			
	c1.	Subtotal		c2.	Subtotal		\$	
25A	Utilitie availab the nur	Standards: housing and uses Standards; non-mortgage ale at www.usdoj.gov/ust/onber that would currently build the build be a standard would build buil	e expenses for the application from the clerk of the book allowed as exemptions	able c ankru	ounty and family size. (Taptcy court). The applicable	This information is le family size consists of	\$	
25B	any additional dependents whom you support. Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rent expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47 c. Net mortgage/rental expense Subtract Line b from Line a.						\$	
26	25B do Standar	Standards: housing and uses not accurately computerds, enter any additional antion in the space below:	the allowance to which	you a	re entitled under the IRS	Housing and Utilities	\$	

27.4	Local Standards: transportation; vehicle operation/public transportation expense allowance in this category regardless of whether you pay the regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expense.	expenses of operating a vehicle and ses or for which the operating expenses are			
27A	included as a contribution to your household expenses in Line 7. \square 0 If you checked 0, enter on Line 27A the "Public Transportation" amo Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/	unt from IRS Local Standards: "Operating Costs" amount from IRS Local e applicable Metropolitan Statistical Area or	\$		
27B	Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that your public transportation expenses, enter on Line 27B the "Public To Standards: Transportation. (This amount is available at www.usdoj.go.court.)	you are entitled to an additional deduction for cansportation" amount from the IRS Local	\$		
28	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero. [a. IRS Transportation Standards, Ownership Costs]				
	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47 c. Net ownership/lease expense for Vehicle 1	\$ Subtract Line b from Line a.	\$		
29	Local Standards: transportation ownership/lease expense; Vehicle the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 2, as stated in Lithe result in Line 29. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs	e IRS Local Standards: Transportation court); enter in Line b the total of the Average			
	Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 47 c. Net ownership/lease expense for Vehicle 2	\$ Subtract Line b from Line a.	\$		
30	Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sale	come taxes, self employment taxes, social	\$		
31	Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as volu	retirement contributions, union dues, and	\$		
32	Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance any other form of insurance.		\$		
33	Other Necessary Expenses: court-ordered payments. Enter the tot pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in line 49.		\$		
34	Other Necessary Expenses: education for employment or for a phythe total average monthly amount that you actually expend for educat education that is required for a physically or mentally challenged depproviding similar services is available.	ion that is a condition of employment and for	\$		
35	Other Necessary Expenses: childcare. Enter the total average mont childcare - such as baby-sitting, day care, nursery and preschool. Do		\$		
36	Other Necessary Expenses: health care. Enter the total average mo health care that is required for the health and welfare of yourself or yoursurance or paid by a health savings account, and that is in excess of include payments for health insurance or health savings accounts	our dependents, that is not reimbursed by the amount entered in Line 24B. Do not	\$		

37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$			
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.	\$			
	Subpart B: Additional Living Expense Deductions				
	Note: Do not include any expenses that you have listed in Lines 24-37				
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.				
39	a. Health Insurance \$				
	b. Disability Insurance \$				
	c. Health Savings Account \$				
	Total and enter on Line 39	\$			
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$				
40	Continued contributions to the care of household or family members. Enter the total average actual monthly				
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you				
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.	\$			
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	\$			
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.	\$			
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.	\$			
46	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.	\$			

		Subpart C: Deductions for	Debt 1	Payment		
47	own, list the name of creditor, ic check whether the payment incl scheduled as contractually due t	laims. For each of your debts that is seculentify the property securing the debt, standards taxes or insurance. The Average Moo each Secured Creditor in the 60 months y, list additional entries on a separate page	te the Anthly Postfollow	verage Monthly ayment is the to ving the filing of	Payment, and tal of all amounts the bankruptcy	
	Name of Creditor	Property Securing the Debt		Average Monthly Payment	Does payment include taxes or insurance	
	a.		\$	otal: Add Lines	□yes □no	\$
48	motor vehicle, or other property your deduction 1/60th of any an payments listed in Line 47, in or sums in default that must be pai the following chart. If necessary	nims. If any of debts listed in Line 47 are necessary for your support or the support out (the "cure amount") that you must preder to maintain possession of the propert d in order to avoid repossession or forect, list additional entries on a separate page	t of you pay the y. The osure. I	or dependents, your dependents, your and it would and total any	ou may include in ion to the uld include any y such amounts in	
	Name of Creditor a.	Property Securing the Debt		1/60th of t	the Cure Amount	
	u.				Total: Add Lines	\$
49	priority tax, child support and a	ity claims. Enter the total amount, divid imony claims, for which you were liable s, such as those set out in Line 33.				\$
	Chapter 13 administrative expresulting administrative expense	enses. Multiply the amount in Line a by	the amo	ount in Line b, a	nd enter the	
50	b. Current multiplier for y issued by the Executive information is available the bankruptcy court.)	hly Chapter 13 plan payment. our district as determined under schedule Office for United States Trustees. (This at www.usdoj.gov/ust/ or from the clerk uistrative expense of chapter 13 case	of x	otal: Multiply Li	nes a and b	\$
51	Total Deductions for Debt Pay	ment. Enter the total of Lines 47 throug	h 50.			\$
		Subpart D: Total Deduction	s fron	1 Income		
52	Total of all deductions from in	come. Enter the total of Lines 38, 46, an	d 51.			\$
	Part V. DETER	RMINATION OF DISPOSABLE	E INC	OME UNDI	ER § 1325(b)(2))
53	Total current monthly income	Enter the amount from Line 20.				\$
54	payments for a dependent child,	nthly average of any child support payme reported in Part I, that you received in a cessary to be expended for such child.				\$
55		ns. Enter the monthly total of (a) all amo fied retirement plans, as specified in § 54 specified in § 362(b)(19).				\$
56	Total of all deductions allowed	l under § 707(b)(2). Enter the amount fr	om Lin	e 52.		\$

57	provide your case trustee with documentation of th of the special circumstances that make such expens		
57	Nature of special circumstances	Amount of Expense	
	a.	\$	
	b.	\$	
	c.	\$	
		Total: Add Lines \$	
58	Total adjustments to determine disposable income. result.	Add the amounts on Lines 54, 55, 56, and 57 and enter the \$	
59	Monthly Disposable Income Under § 1325(b)(2). S	ubtract Line 58 from Line 53 and enter the result. \$	
	Part VI. ADDI	ΓΙΟΝΑL EXPENSE CLAIMS	
	of you and your family and that you contend should be	ases, not otherwise stated in this form, that are required for the health and we e an additional deduction from your current monthly income under § es on a separate page. All figures should reflect your average monthly expen	lfare
	each item. Total the expenses.		se for
60		Monthly Amount	se for
60	each item. Total the expenses. Expense Description a.		se for
60	Expense Description	Monthly Amount \$ \$	se for
60	Expense Description a. b. c.	Monthly Amount \$ \$ \$ \$	se for
60	Expense Description a. b. c. d.	Monthly Amount \$ \$ \$ \$ \$ \$	se for
60	Expense Description a. b. c. d.	Monthly Amount \$ \$ \$ \$	se for
60	Expense Description a. b. c. d. Total: A	Monthly Amount \$ \$ \$ \$ \$ \$	se for
60	Expense Description a. b. c. d. Total: A	Monthly Amount \$ \$ \$ \$ \$ Add Lines a, b, c and d	
60	Expense Description a. b. c. d. Total: A	Monthly Amount \$ \$ \$ \$ \$ Add Lines a, b, c and d \$ VII. VERIFICATION	
	Expense Description a. b. c. d. Total: A Part I declare under penalty of perjury that the information must sign.)	Monthly Amount \$ \$ \$ \$ Add Lines a, b, c and d \$ VII. VERIFICATION provided in this statement is true and correct. (If this is a joint case, both decorrect)	